

**KDHE Health Homes Stakeholder Meeting**  
March 21, 2014, 9:30am – 3:30pm  
Topeka & Shawnee County Public Library  
1515 SW 10th Ave | Topeka, Kansas 66604-1374

A total of 74 stakeholders from a variety of service systems gathered at the Topeka Library on March 21<sup>st</sup> to learn more about the progress of the Kansas Health Homes initiative. The agenda included a mixture of presentations by staff from the Kansas Department of Health & Environment (KDHE), Managed Care Organizations (MCO), and special guests with small group discussion to gain deeper understanding of the information presented.

Presentation slides and additional handouts from this meeting are available online at [http://www.kancare.ks.gov/health\\_home/stakeholder\\_meetings.htm](http://www.kancare.ks.gov/health_home/stakeholder_meetings.htm).

The following includes further description and notes from the open discussions with stakeholders.

**9:30 Welcome, Introductions and Purpose of Meeting – Dr. Scott Wituk, CCSR**

**9:45 Progress to Date & What to Expect Between Now & July 1 – Becky Ross, KDHE**

**10:00 What to Expect Next: Chronic Conditions SPA (SPA 2)**

- Definition – Becky Ross, KDHE
- Payment methodology – Mike Randol, KDHE

Participants were given the opportunity to ask questions of clarification of Mike and Becky. The questions and responses are included in Appendix A of this document.

**11:00 What to Expect Next: Overview of Provider Partnerships**

MCO Connection and Engagement: Leslie Banning (Amerigroup), Ben Pierce (United HealthCare), Dr. Katherine Friedebach (Sunflower State Health Plan).

- Presentations by all three MCOs related to facilitating provider partnerships, consideration for HHP selection, demonstration models

**12:30 Insights, Questions, and Next Steps from Morning**

Participants were given the opportunity to talk in small groups in response to three questions:

- Based on what you heard this morning:
  1. What insights do you have? What did you learn?
  2. What challenges/opportunities do you see?
  3. What else do you need to know?

Participants were then given an opportunity to share one response to each question with the larger group. Notes from the full discussions are included in Appendix B of this document.

**1:45 What to Expect After July 1: Procedural Details in Development**

Health Homes Resources Website Navigation – Samantha Ferencik (KDHE)  
Procedural Details: Making Referrals, Provider Roles in Systems Transformation

**2:15 What Could it Look Like After July 1: Putting a Health Home Together**

- Lessons Learned Health Homes in Other States – Kathy Reynolds, National Council for Behavioral Health (via conference phone)

Following Kathy's presentation, participants were asked to discuss the following questions in small groups and then call out their responses:

- What did you hear from Kathy?
- What is your reaction?
- What might that look like in Kansas? What creative ideas do you have?

Responses are included in Appendix C of this document.

**3:15 Looking Forward and Next Steps**

Becky reminded participants of the upcoming regional meeting scheduled and of the ongoing Health Homes Webinar Series. Details for each of these are available at [www.kancareks.gov](http://www.kancareks.gov)

**3:30 Adjourn**



**Wichita State University's Center for Community Support & Research (CCSR)**

is dedicated to improving the health of Kansans through leadership development, organizational capacity building, and community collaboration. CCSR's skilled staff works directly with community coalitions, nonprofits, government entities, health and human services organizations, and self-help groups.

**Want to know more about this report? Contact Sonja Armbruster at**  
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## APPENDIX A

### Questions of Understanding

Presenters: Becky Ross and Mike Randol, KDHE

- Q1: How will I/DD consumers be identified if they are not using waiver services?  
A1: KanCare identifies these consumers via Medicaid data.
- Q2: Is there a way to get the percentage of patients by level?  
A2: MCOs should be able to provide that. Can also use the average rate and number of eligible beneficiaries.
- Q3: How is it handled when someone travels (but does not move) to another Health Home service area and is sick or injured?  
A3: Health Home services are still provided. Acute care is separate. Patients would receive treatment as normal and those services would be covered by their Medicaid provider.
- Q4: What if the consumer shows up at another provider locally and doesn't tell them they are assigned elsewhere?  
A4: Everything that is covered by KanCare is covered. Health Homes does not provide medical services, just coordination. There will be a way to look up who is a Health Home member but the MCO would need to tell you who is the assigned provider.
- Q5: How are members assigned if they are eligible for both SPAs?  
A5: The MCO will make a default assignment based on their claims data information. KDHE will be assuring members are assigned to the "appropriate" SPA, not just the higher rate level. Health Homes are under the State Plan, so "choice" is paramount. Partner assignment is ultimately up to the member.
- Q6: Is a dietician included as staff in the SPA2 rate?  
A6: No. Not everyone needs it. The three professionals listed in the Chronic Conditions SPA are the minimum professionals required. The Health Home Partner may choose to contract with a dietician under the Per Member/Per Month (PMPM) rate, if appropriate.
- Q7: What responsibility does the partner have when working with members who fail to cooperate with Health Home services?  
A7: If the partner is attempting to reach out and make contact, the requirement for contact has been met, therefore, the partner can submit a claim for the month. If noncompliance is ongoing, then the partner may talk with the member about alternative service providers or about the member's ability to opt out of the program.
- Q8: Is the Target Case Management rate the same for SPA2 as it is in SPA1?  
A8: No. The rate is based on the average for Level 4 in SPA2. This information will be detailed in the Program Manual for each State Plan Amendment and located on the KanCare website.
- Q9: Is it a month-to-month prior authorization needed?  
A9: No. Prior authorization is not required for Health Home services.

**Small Group Discussion**  
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**1.) What insights do you have? What did you learn?**

- UHC “step down” approach helpful.
- Helpful to hear MCO thought process.
- What about SED will be different?
- UHC self-referral may need to develop.
- N.C, KS Flint Hills-60 + years- vision of lead HHP by subcontracting with PCPs, health departments. Still processing how to operationalize being lead HHP. Can do 5 to 6 functions-some already doing. Add 1 new stream. PPT to state so MCOs can start helping you get contracted.
- Insights about collaboration and our own expertise.
- We have insight about our local regions.
- Learned more about rates.
- Learned more about MCO expectations.
- Learned more about the value of doing all 6 services.
- Liking the approaches where MCOs meet the providers are today.
- Not all providers have the resources to be ready for all 6.
- Not feeling like all MCOs are meeting providers where they are and some may not be there to provide all 6 services.
- Liked United’s approach meeting people where they are today.
- Necessary to be a part of KHIN.
- Interesting that the professionals for SPA2 were limited to 3.
- The rates are higher for SPA2 this seems to make sense because the services for CC cost more to provide.
- Different approaches by the MCOs.
- Lower requirements HHP provide all 6 services.
- No surprise consumers do not like phone management.
- Question about avoiding duplication of services.
- Ability of the health plans to provide some services but not operate as a competing provider. United/Amerigroup.
- That there is a health home model and target groups.
- I knew more than I thought.
- Glad to get the information on rates and how it was created.
- For I/DD, this is a shift because we are not a medical model.

**2.) What challenges/opportunities do you see?**

- Same software for all 3 MCO’s; 2-3 years down road, could all 3 softwares be combined into one?
- Some CMHCs + KHIN have problems with connection between 2 organizations.
- How to contract with MCOs.
- Educating staff on new model.

- Can providers (small) participate?
- Do PCPs have to engage during collaboration?
- Real time data-data.
- Connect for same core services-subcontracting.
- Consumer engagement how to increase?
- Transportation for consumers.
- Change “weary” KanCare - I/DD implementation.
- Another funding stream.
- Use case/care mgrs to get consumers engaged.
- Additional means to engage consumers.
- How to communicate the outcomes to the MCO.
- How to satisfy the “HIE” requirement.
- Opportunities for win/win/win.
- Staffing needs - would like to have an idea of numbers to prepare.
- Building capacity to provide or partner for the 6 services - getting training.
- Learning the three different systems.
- For MCOs to provide educational training.
- Partnering with others in community to better serve members.
- Learning collaborations between MCOs/providers.
- Being able to adequately staff up. Understanding capacity.
- Understanding what will be a reasonable caseload.
- Planning for the administrative.
- We are doing a lot of this work without reimbursement.
- Access to systems.

### **3.) What else do you need to know?**

- Health action plan: where does it go?
- What information will be exchanged between provider and MCO?
- What additional data the CMHCs have to provide?
- What data points do MCOs need?
- Only 1 code but will MCOs expect add in coding?
- Reporting requirements of MCOs to state?
- PPT question of top 5 diagnoses where would we find this data? For providers that are not currently contracting with MCOs such as the AAA’s.
- The number of members also by level?
- Contract information for MCOs-bring business cards to regional meetings?
- HIE: more information on how this requirement works. Data need time vs. delay.
- HIE cost?
- Can we finally get some of the medical support that some providers struggle with?
- Spend-down impact – do we check authorizations monthly? Would they go to the TCM provider?
- Can the same person provide TCM and Health Home services?
- Do we have to have an EHR on top of what the MCO provides? Does this meet the HIT requirement?
- What is the interplay between physical consultant and PCP?

## **Small Group Discussion**

Presenter: Kathy Reynolds, National Council for Behavioral Health

### **1.) What did you hear?**

- Annual consumer meeting to celebrate recovery.
- Proven, successful.
- Integration/coordination is important for our consumers.
- Great addition to agenda.
- Although focus on BH-providers related to success stories.
- Integration, integration.

### **2.) What is your reaction?**

- We were inspired.
- So little coordination between provider types opportunity to break down silos.
- Look at existing consumer groups-CROs.

### **3.) What insight it look like in Kansas? What creative ideas do you have?**

- No gap between pay and provider.
- Advisory committees breaking down silos.